

Division of Public Health

Agreement Addendum

FY 21-22

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Local Health Department Legal Name

110 General Aid-to-Counties

Activity Number and Description

06/01/2021 – 05/31/2022

Service Period

07/01/2021 – 06/30/2022

Payment Period

☒ Original Agreement Addendum

☐ Agreement Addendum Revision # ____

Administrative, Local and Community
Support/Local Technical Assistance & Training

DPH Section / Branch Name

Susan H. Little, 919-215-4471

susan.little@dhhs.nc.gov

DPH Program Contact

(name, phone number, and email)

DPH Program Signature

Date

(only required for a negotiable agreement addendum)

I. Background:

This funding is the only unrestricted funding for local health departments that they may use for locally determined needs or purposes. The General Aid-to-Counties Activity was begun in the early 1970s with a fiscal year allocation of slightly less than \$5 million. The total allocation for FY 2022 is \$11,306, 871.

The funding provided by this Activity is to support the delivery of the **10 Essential Public Health Services** (<https://publichealth.nc.gov/mission.htm>), the core functions of public health, and the specific health needs or health status indicators selected by each local health department.

II. Purpose:

This Agreement Addendum enhances the Local Health Department's ability to deliver the essential services that it should provide to those living in the community it serves and to meet locally determined needs for which there is no or not enough categorical funding.

Per [§ 130A-1.1\(b\)](#), a local health department shall ensure that the following 10 Essential Public Health Services are available and accessible to the population in each county served by the local health department:

1. Monitoring health status to identify community health problems.
2. Diagnosing and investigating health hazards in the community.
3. Informing, educating, and empowering people about health issues.
4. Mobilizing community partnerships to identify and solve health problems.
5. Developing policies and plans that support individual and community health efforts.
6. Enforcing laws and regulations that protect health and ensure safety.

Health Director Signature

(use blue ink)

Date

Local Health Department to complete:

(If follow-up information is needed by DPH)

LHD program contact name: _____

Phone number with area code: _____

Email address: _____

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7. Linking people to needed personal health care services and ensuring the provision of health care when otherwise unavailable.
8. Ensuring a competent public health workforce and personal health care workforce.
9. Evaluating effectiveness, accessibility, and quality of personal and population-based health services.
10. Conducting research.

III. **Scope of Work and Deliverables:**

These funds may be used for any public health program or purpose, any locally identified need or current health status data, and to support the delivery of the 10 Essential Public Health Services. The Local Health Department **must report at the end of the fiscal year** how the funds were spent related to the 10 Essential Public Health Services and locally determined needs. These funds may NOT be used to supplant current state, federal or local funding to the agency.

To qualify for these funds, the Local Health Department must have a Permanent or Interim Health Director in place who either meets the qualifications to serve as a county health director as required in NC GS 130A-40 or has an approved exception and has been sworn in using the Oath of Office so that he or she can fulfill the statutory functions assigned only to a local Health Director. In addition, if that Health Director has never served in that role in North Carolina previously, that Health Director must participate in the *Orientation for New Local Health Directors* coordinated by the North Carolina Association of Local Health Directors. Additionally, the Local Health Department must be currently accredited by the North Carolina Local Health Department Accreditation Board.

Additionally, to qualify for these funds, the Local Health Department must employ a public health nurse leader or leaders to meet the expectations for the administration of nursing service as set forth in 21 NCAC 36.0224(j).

To improve communication between Local Health Department leadership and Division of Public Health leadership, contact information for the following key leadership staff is required to be submitted annually to the Local Technical Assistance and Training Branch (LTAT) Branch Head: Health Director, Nursing Leader or Leaders, Clinical Services Manager (if different from the Nursing Leaders), Environmental Health Director, and Finance Officer.

IV. **Performance Measures/Reporting Requirements:**

Measure #1: The Local Health Department shall provide information on how the funds were allocated among the 10 Essential Public Health Services and provide at least one example on the impact these funds had on the health of its community.

This information will be collected via an electronic survey tool, with a link to the survey tool sent via email by the LTAT Branch Head to the Local Health Department no later than May 31, 2022. The information reported must reflect the work performed during the service period of this FY 21-22 Agreement Addendum, June 1, 2021–May 31, 2022. The electronic survey is required to be completed no later than June 30, 2021.

Measure #2: The Local Health Department shall provide a roster of the key leadership staff annually to the LTAT no later than June 30, 2021.

Annual reporting of the key leadership staff will be collected via an electronic survey tool. A link to the survey tool will be sent via email by LTAT to the Local Health Department no later than May 31, 2022. The annual reporting includes the names, phone numbers, and email addresses for the Health Director, Nursing Leader or Leaders, Clinical Services Manager (if different from the Nursing Leaders),

Environmental Health Director, and Finance Officer. The electronic survey is required to be completed no later than June 30, 2022.

V. Performance Monitoring and Quality Assurance:

Performance will be monitored by a review of the Essential Services Report and the Key Leadership Staff Report by the LTAT Branch Head. If additional information is required, a phone conference will be conducted.

VI. Funding Guidelines or Restrictions:

1. Requirements for pass-through entities: In compliance with 2 *CFR* §200.331 – *Requirements for pass-through entities*, the Division of Public Health provides Federal Award Reporting Supplements to the Local Health Department receiving federally funded Agreement Addenda.
 - a. Definition: A Supplement discloses the required elements of a single federal award. Supplements address elements of federal funding sources only; state funding elements will not be included in the Supplement. Agreement Addenda (AAs) funded by more than one federal award will receive a disclosure Supplement for each federal award.
 - b. Frequency: Supplements will be generated as the Division of Public Health receives information for federal grants. Supplements will be issued to the Local Health Department throughout the state fiscal year. For federally funded AAs, Supplements will accompany the original AA. If AAs are revised and if the revision affects federal funds, the AA Revisions will include Supplements. Supplements can also be sent to the Local Health Department even if no change is needed to the AA. In those instances, the Supplements will be sent to provide newly received federal grant information for funds already allocated in the existing AA.